

Figure 1 (PRIOR ART)

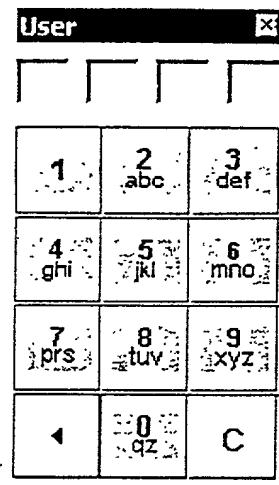


FIGURE 2

**T-Chart** **User Langdon**

File Edit View Setup

**My Patients**

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	63y	F	car drove off cliff	Andy, Grace	11:26 04/12/01	17 MVA	Langdon
12	18m	M	bean in nose	Ricky, John	15:44 04/12/01	28 Nose	Langdon

**Clinical**

- History
- Exam
- Course
- Dx/Dl

**Viewing**

- Report
- Discharge
- Prescription
- Excuse

**Printouts**

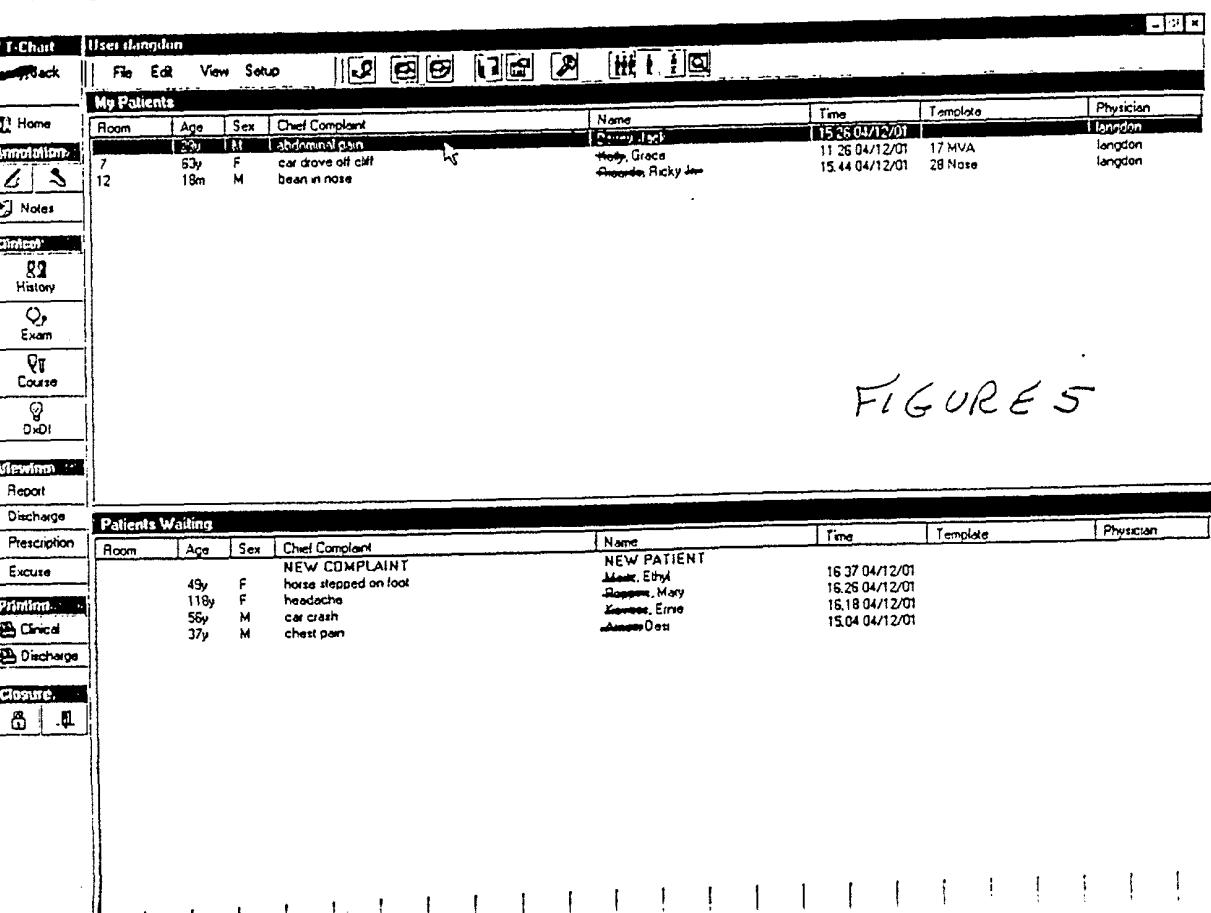
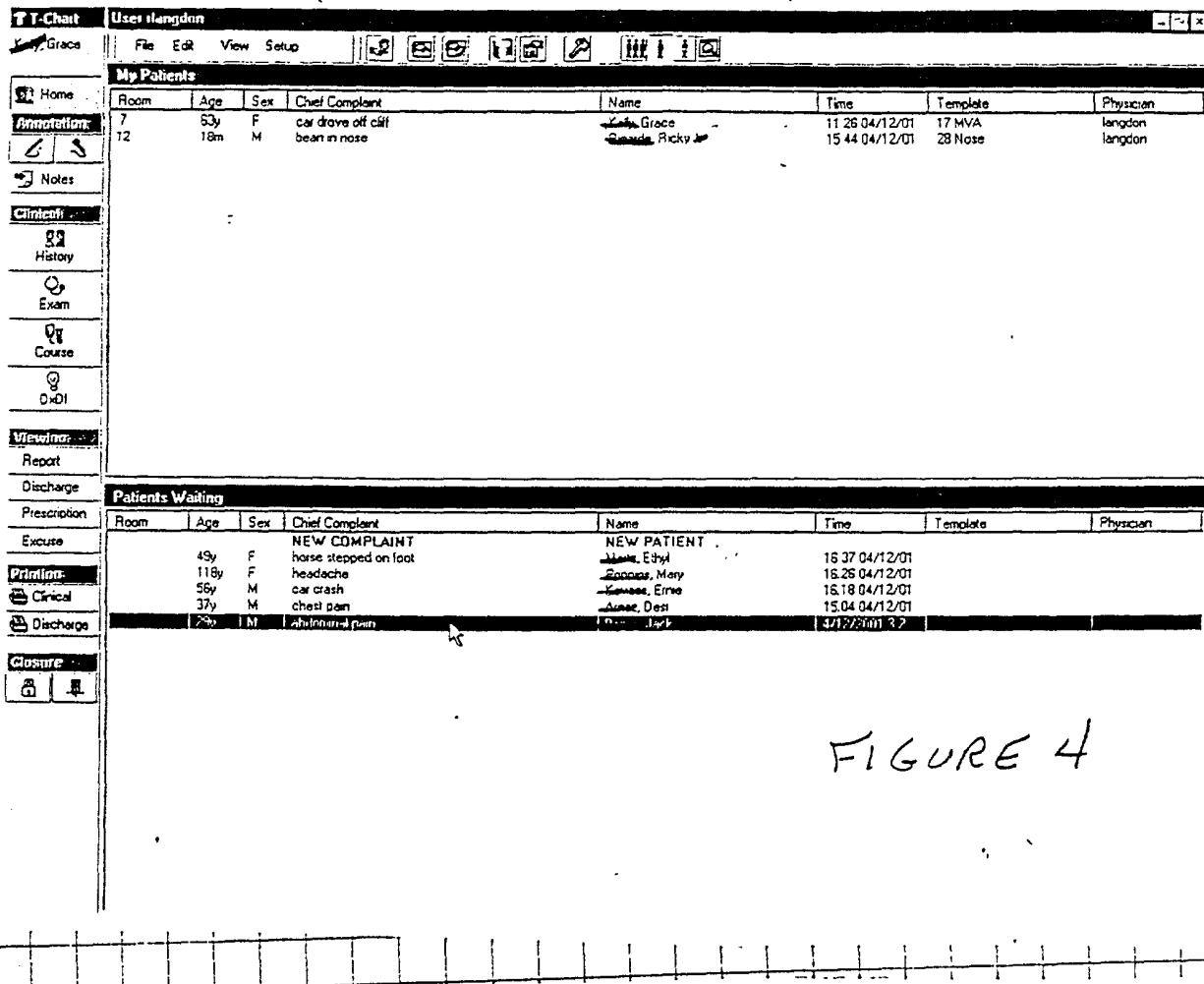
- Clinic
- Discharge

**Closure**

**Patients Waiting**

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
NEW COMPLAINT				NEW PATIENT			
45y	F		horse stepped on foot	Matz, Ethyl	16:37 04/12/01		
11By	F		headache	Rappene, Mary	16:25 04/12/01		
56y	M		car crash	Kosman, Ernie	16:18 04/12/01		
29y	M		abdominal pain	Berry, Jack	15:26 04/12/01		
37y	M		chest pain	Annan, Doss	15:04 04/12/01		

FIGURE 3



**T-Chart**

User: langdon

File Edit View Setup

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	53y	F	car drove off cliff	Maria Grace	11:26 04/12/01	17 MVA	langdon
8	29y	M	abdominal pain	John Jack	15:26 04/12/01		langdon
12	16m	M	bleeding nose	Alexander, Ricky Lee	15:44 04/12/01	28 Nose	langdon

History

Exam

Course

Disposition

Viewing

Report

Discharge

Prescription

Excuse

Printouts

Clinical

Discharge

Closure

**Patients Waiting**

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
			NEW COMPLAINT	NEW PATIENT			
45y	F		horse stepped on foot	Harris, Ethyl	16:37 04/12/01		
118y	F		headache	Reynolds, Mary	16:26 04/12/01		
56y	M		car crash	Kennedy, Ernest	16:18 04/12/01		
37y	M		chest pain	James, Dea	15:04 04/12/01		

FIGURE 6

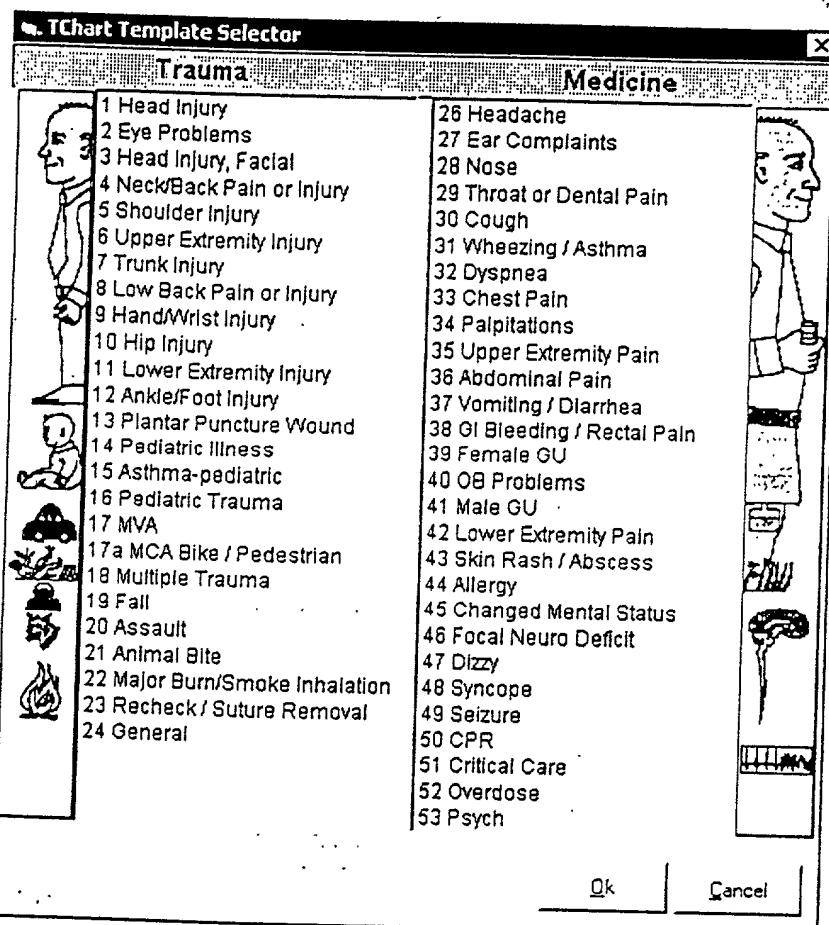


FIGURE 7

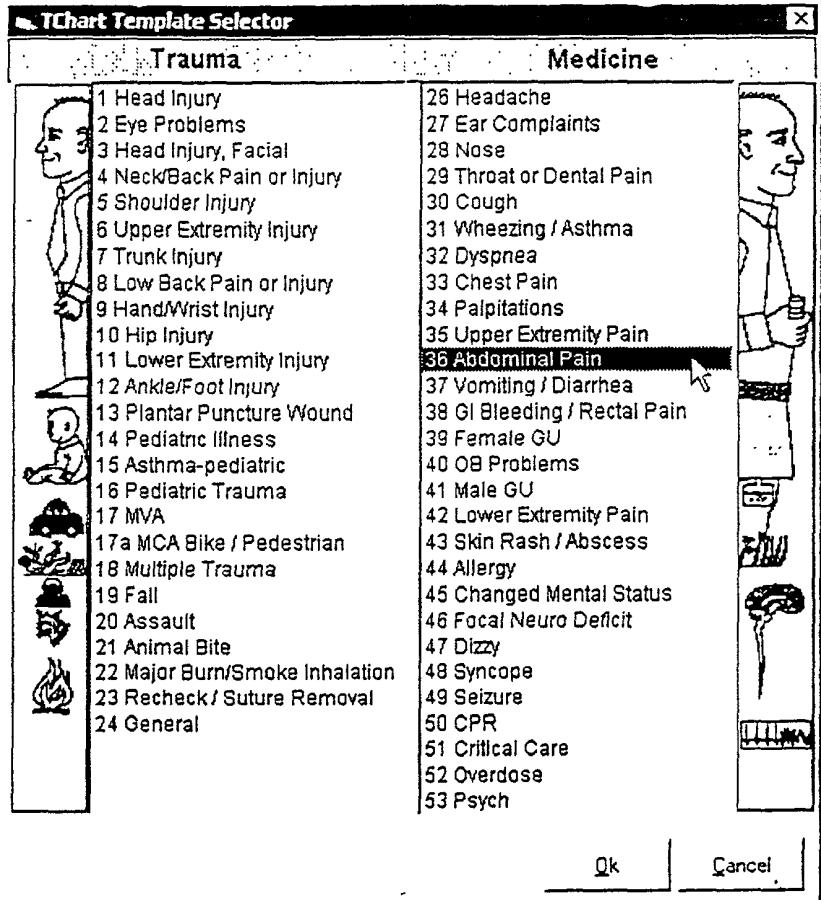


FIGURE 8

<b>T-Chart</b>	
Sunny, Jack	
<input type="checkbox"/> Home <input type="checkbox"/> Annotations <input checked="" type="checkbox"/> S Notes <input type="checkbox"/> Clinical <input type="checkbox"/> Radiographs <input type="checkbox"/> Exam <input type="checkbox"/> Course <input type="checkbox"/> Dx/D  <input type="checkbox"/> Viewings: <input type="checkbox"/> Report <input type="checkbox"/> Discharge <input type="checkbox"/> Prescription <input type="checkbox"/> Excuse  <input type="checkbox"/> Printers: <input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Discharge  <input type="checkbox"/> Closure: <input checked="" type="checkbox"/>	
<b>Abdominal Pain</b> time: _____ room: _____ arrived: pvt vehicle EMS _____ context: _____ historian: patient EMS family _____ limited by: _____	
<b>0 HPI</b> chief complaint: abdominal pain flank pain started: just PTA today last night yesterday _____	
still present _____ gone _____ timing: _____ quality: "pain" sharp stabbing cramping burning dull migrating well localized diffuse radiating to: _____ additional pain: _____ associated symptoms: nausea _____ vomiting _____ loss of appetite _____ diarrhea _____ severity of pain: _____ modifying factors: _____	
similar symptoms previously: once twice few times manytimes - occasionally frequently mild as bad worse varying 0 _____ recently seen: _____ ED office clinic hospitalized 0 _____	
<b>0 ROS</b> <b>GI</b> vomiting blood _____ fever _____ chills _____ black stools _____ Neuro & ENT _____ bloody stools _____ headache _____ <b>URINARY</b> difficulty w/ urination _____ sore throat _____ pain w/ urination _____ blurred vision _____ frequency _____ <b>Famalg</b> pregnant _____ CVS & Pulmonary _____ LNMP _____ chest pain _____ missed periods irregular difficulty breathing _____ abnormal bleeding _____ cough _____ all systems neg. except as marked MS & Skin _____ joint pain back pain _____ skin rash _____ 	
<b>0 PAST Hx</b> negative see nurses notes heart dz neuro dz peptic ulcer lung dz GI dz gall stones renal dz other dz bowel obstruction HTN diabetes kidney stones hypertension _____ previous surgery _____ abdominal surgery _____ 	
<b>0 MEDS</b> none see nurses notes	
<b>0 ALLERGIES</b> NKDA see nurses notes	
<b>0 SOCIAL Hx</b> smoker _____ ETOH _____ drugs _____ residence/ravel: _____	
<b>0 FAMILY Hx</b> gall bladder heart dz hx of _____	

FIGURE 9

**T-Chart**  
B. Jack

**Home**

**Annotations**

**Notes**

**Clinical**

History

Exam

Course

QI

**Visits**

Report

Discharge

Prescription

Excuse

**Printouts**

Clinical

Discharge

**Closure:**

0 0 0 0 0 0 0 0 0 0

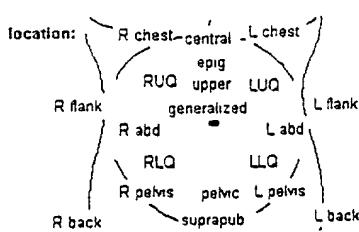
<b>Abdominal Pain</b>		time: _____ room: _____
arrived: pt vehicle EMS historian: patient EMS family		context: _____ limited by: _____
<b>O HPI</b> chief complaint: abdominal pain flank pain started: just PTA today last night yesterday		
still present	gone	timing
quality: "pain" sharp stabbing cramping burning dull migrating ... well localized diffuse	location:  R chest-central - L chest epig RUQ upper - LUQ generalized L flank R abd - L abd RLQ - LLQ R pelvis - pelvic - L pelvis suprapubic R back - L back	
radiating to:		additional pain
associated symptoms:		
nausea	vomiting	
loss of appetite	diarrhea	
severity of pain:		
modifying factors:		
similar symptoms previously: once twice several times many times + occasionally frequently milder as bad worse varying		
0		
recently seen ED office clinic hospitalized		
0		
<b>O ROS</b> <b>GI</b> vomiting blood _____ black stools _____ bloody stools _____ <b>URINARY</b> difficulty w/ urination _____ pain w/ urination _____ frequency _____ <b>Female</b> pregnant _____ <b>LNMP</b> missed periods ____ irreg ____ abnormal bleeding _____ all systems neg, except as marked		
<b>CONSTITUTIONAL</b> fever _____ chills _____ <b>Neuro &amp; EENT</b> headache _____ sore throat _____ blurred vision _____ <b>CVS &amp; Pulmonary</b> chest pain _____ difficulty breathing _____ cough _____ <b>MS &amp; Skin</b> joint pain _____ back pain _____ skin rash _____		
<b>O PAST Hx</b> negative see nurses notes heart dz neuro dz peptic ulcer lung dz GI dz gall stones renal dz other dz bowel obstruction HTN diabetes kidney stones hyperlipidemia previous surgery abdominal surgery		
<b>O MEDS</b> none see nurses notes		
<b>O ALLERGIES</b> NKDA see nurses notes		
<b>O SOCIAL Hx</b> smoker _____ ETOH _____ drugs _____ residence/travel: _____		
<b>O FAMILY Hx</b> gall bladder heart dz hx of _____ 0		

FIGURE 10

**T T-Chart**  
Sally, Jack

**Home**

**Annotations:**

**Notes**

**Clinical:**

History

Exam

Course

OxO

**Urticaria:**

Report

Discharge

Prescription

Excuse

**Zip/Initials:**

Clinical

Discharge

**Clothing:**

None

### Abdominal Pain

time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pt vehicle EMS context: \_\_\_\_\_  
historian: patient EMS family limited by: \_\_\_\_\_

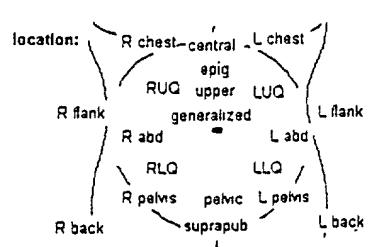
### 0 HPI

chief complaint: abdominal pain flank pain  
started: just PTA today last night yesterday \_\_\_\_\_

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality:

"pan"  
sharp  
stabbing  
cramping  
burning  
dull  
migrating  
...  
well localized  
diffuse



radiating to: \_\_\_\_\_ additional pain: \_\_\_\_\_

associated symptoms:

nausea \_\_\_\_\_ vomiting \_\_\_\_\_

loss of appetite \_\_\_\_\_ diarrhea \_\_\_\_\_

severity of pain: \_\_\_\_\_

modifying factors: \_\_\_\_\_

similar symptoms previously:  
once twice sev. times many times - occasionally frequently  
milder as bad worse varying

0 \_\_\_\_\_

recently seen  
ED office clinic hospitalized

0 \_\_\_\_\_

### 0 ROS

GI	constititional
vomiting blood _____	fever _____ chills _____
black stools _____	Neuro & EENT
bloody stools _____	headache _____
URINARY	sore throat _____
difficulty w/ urination _____	blurred vision _____
pain w/ urination _____	CVS & Pulmonary
frequency _____	chest pain _____
Famals pregnant _____	difficulty breathing _____
LNMP _____	cough _____
missed periods _____ irreg _____	MS & Skin
abnormal bleeding _____	joint pain _____ back pain _____
all systems neg. except as marked	skin rash _____

### 0 PAST Hx

negative _____	see nurses notes	heart dz _____	neuro dz _____
peptic ulcer _____		lung dz _____	GI dz _____
gall stones _____		renal dz _____	other dz _____
bowel obstruction _____		HTN _____	diabetes _____
kidney stones _____		hyperlipidemia _____	
		previous surgery _____	
		abdominal surgery _____	

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_  
residence/travel \_\_\_\_\_

0 FAMILY Hx gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx of \_\_\_\_\_

FIGURE 11

**T-Chart**  
 Gary, Jack  
**Home**  
**Annotation**  
  
**Notes**  
**Clipboard**  
  
**Exam**  
  
**Dx/D**  
**Viewing**  
**Report**  
**Discharge**  
**Prescription**  
**Excuse**  
**Print**  
  
**Clinical**  
  
**Discharge**  
**Closure:**

<b>Abdominal Pain</b>		
time: _____	room: _____	
arrived: pvt vehicle EMS	context: _____	
historian: patient EMS family	limited by: _____	
<b>O HPI</b>		
chief complaint: abdominal pain flank pain		
started: just PTA today last night yesterday		
still present	gone	timing: _____
quality: "pain" sharp stabbing cramping burning dull migrating well localized diffuse	location: R chest-central L chest RUQ upper LUQ generalized R flank R abd L abd RLQ LLQ / R pelvis pelvic L pelvis suprapub suprapub R back L back	
radiating to:		additional pain
associated symptoms:	vomiting	
nausea		
loss of appetite	diarrhea	
severity of pain:		
modifying factors:		
similar symptoms previously: once twice sev. times many times - occasionally frequently milder as bed worse varying		
O _____		
recently seen ED office clinic hospitalized		
O _____		

<b>O ROS</b>		
GI	<b>CONSTITUTIONAL</b>	
vomiting blood	fever	chills
black stools		
bloody stools		
URINARY		
difficulty w/ urination	sore throat	
pain w/ urination	blurred vision	
frequency		
Famala	pregnant	
LNMP		
missed periods	irreg	
abnormal bleeding		
all systems neg. except as marked		
<b>O PAST Hx</b>		
_negative	_see nurses notes	
peptic ulcer	heart dz	neuro dz
gall stones	lung dz	GI dz
bowel obstruction	renal dz	other dz
kidney stones	HTN	diabetes
	hyperlipidemia	
	previous surgery	
	abdominal surgery	
<b>O MEDS</b> none see nurses notes		
<b>O ALLERGIES</b> NKDA see nurses notes		
<b>O SOCIAL Hx</b> smoker ETOH drugs		
residence/travel: _____		
<b>O FAMILY Hx</b> gall bladder heart dz hx of _____		

FIGURE 12

T-Chart
R-Nack
Home
Emergency
Notes
Clinical
H History
Exam
Course
DDI
Viewing
Report
Discharge
Prescription
Excuse
Preliminary
Clinical
Discharge
Closure

**Abdominal Pain** time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pvt vehicle EMS context: \_\_\_\_\_  
historian: patient EMS family limited by: \_\_\_\_\_

**O HPI**

chief complaint: abdominal pain flank pain  
started: just PTA today last night yesterday

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality: "pang"  
sharp  
stabbing  
cramping  
burning  
dull  
migrating  
well localized  
diffuse

location: R chest-central L chest  
epig RUQ upper LUQ L flank  
R flank R abd L abd  
RLQ LLQ /  
R pelvis pelvic L pelvis L back  
suprapub A

radiating to: \_\_\_\_\_ additional pain: \_\_\_\_\_

associated symptoms:  
 nausea \_\_\_\_\_ vomiting \_\_\_\_\_  
 loss of appetite \_\_\_\_\_ diarrhea \_\_\_\_\_  
 severity of pain: \_\_\_\_\_  
 modifying factors: \_\_\_\_\_

similar symptoms previously: once twice sev. times many times - occasionally frequently  
milder as bad worse varying

O \_\_\_\_\_

recently seen ED office clinic hospitalized

O \_\_\_\_\_

**O ROS**

**GI**  
 vomiting blood \_\_\_\_\_  fever \_\_\_\_\_  chills \_\_\_\_\_  
 black stools \_\_\_\_\_  headache \_\_\_\_\_  
 bloody stools \_\_\_\_\_  sore throat \_\_\_\_\_  
**URINARY**  
 difficulty w/ urination \_\_\_\_\_  blurred vision \_\_\_\_\_  
 pain w/ urination \_\_\_\_\_  
 frequency \_\_\_\_\_  
**Female**  pregnant \_\_\_\_\_  
**LNMP**  
 missed periods \_\_\_\_\_  irreg \_\_\_\_\_  
 abnormal bleeding \_\_\_\_\_  joint pain \_\_\_\_\_  back pain \_\_\_\_\_  
 all systems neg. except as marked  skin rash \_\_\_\_\_

**CONSTITUTIONAL**  
 CVS & Pulmonary \_\_\_\_\_  
 chest pain \_\_\_\_\_  difficulty breathing \_\_\_\_\_  
 cough \_\_\_\_\_  
 MS & Skin \_\_\_\_\_  
 joint pain \_\_\_\_\_  back pain \_\_\_\_\_  
 skin rash \_\_\_\_\_

**O PAST Hx**

negative  see nurses notes  heart dz \_\_\_\_\_  neuro dz \_\_\_\_\_  
 peptic ulcer \_\_\_\_\_  lung dz \_\_\_\_\_  GI dz \_\_\_\_\_  
 gall stones \_\_\_\_\_  renal dz \_\_\_\_\_  other dz \_\_\_\_\_  
 bowel obstruction \_\_\_\_\_  HTN \_\_\_\_\_  diabetes \_\_\_\_\_  
 kidney stones \_\_\_\_\_  hyperlipidemia \_\_\_\_\_  
 previous surgery \_\_\_\_\_  
 abdominal surgery \_\_\_\_\_

**O MEDS**  none  see nurses notes

**O ALLERGIES**  NKDA  see nurses notes

**O SOCIAL Hx**  smoker \_\_\_\_\_  ETOH \_\_\_\_\_  drugs \_\_\_\_\_  
 residence/travel: \_\_\_\_\_

**O FAMILY Hx**  gall bladder \_\_\_\_\_  heart dz \_\_\_\_\_  hx of \_\_\_\_\_

FIGURE 13

**T-Chart**  
Denny Jack

**Home**

**Annotators**

**Notes**

**Clinical**

History

Exam

Course

OxO

**Viewing**

Report

Discharge

Prescription

Excuse

**Printout**

Clinical

Discharge

Closure

### Abdominal Pain

time: \_\_\_\_\_ room: \_\_\_\_\_

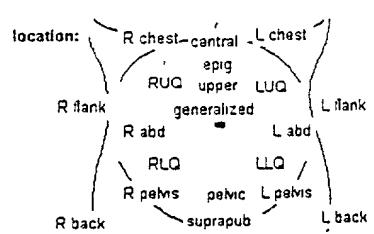
arrived: pt vehicle EMS \_\_\_\_\_ context: \_\_\_\_\_  
historian: patient EMS family \_\_\_\_\_ limited by: \_\_\_\_\_

### 0 HPI

chief complaint: abdominal pain flank pain  
started: just PTA today last night yesterday \_\_\_\_\_

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality:  
"pan"  
sharp  
stabbing  
cramping  
burning  
dull  
migrating  
...  
well localized  
diffuse



radiating to: \_\_\_\_\_ additional pain: \_\_\_\_\_

associated symptoms:

(nausea) \_\_\_\_\_ vomiting \_\_\_\_\_

(loss of appetite) \_\_\_\_\_ diarrhea \_\_\_\_\_

severity of pain: \_\_\_\_\_

modifying factors: \_\_\_\_\_

similar symptoms previously:  
once twice few times many times + occasionally frequently  
milder as bad worse varying

0 \_\_\_\_\_

recently seen  
ED office clinic hospitalized

0 \_\_\_\_\_

### 0 ROS

GI	CONSTITUTIONAL
vomiting blood _____	fever _____ chills _____
black stools _____	Neuro & EENT _____
bloody stools _____	headache _____
URINARY	sore throat _____
difficulty w/ urination _____	blurred vision _____
pain w/ urination _____	CVS & Pulmonary _____
frequency _____	chest pain _____
Familia pregnant _____	difficulty breathing _____
LNMP _____	cough _____
missed periods _____ irreg _____	MS & Skin _____
abnormal bleeding _____	joint pain _____ back pain _____
all systems neg. except as marked	skin rash _____

### 0 PAST Hx

_negative	_see nurses notes	_heart dz	_neuro dz
_peptic ulcer		_lung dz	_GI dz
_gall stones		_renal dz	_other dz
_bowel obstruction		_HTN	_diabetes
_kidney stones		_hyperlipidemia	
		_previous surgery	
		_abdominal surgery	

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_  
residence/travel: \_\_\_\_\_

0 FAMILY Hx gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx of \_\_\_\_\_

FIGURE 14

**T-Chart**  
Date: Jack

Home  
 Annotations  
 Notes  
 Clinical  
 History  
 Exam  
 Course  
 Dx/DI  
 Viewfinders  
 Report  
 Discharge  
 Prescription  
 Excuse  
 Primary  
 Clinical  
 Discharge  
 Closure

### Abdominal Pain

time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pt vehicle EMS context: \_\_\_\_\_

historian: patient EMS family limited by: \_\_\_\_\_

### O HPI

chief complaint: abdominal pain rank pain \_\_\_\_\_  
started: just PTA today last night yesterday \_\_\_\_\_

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality:

"pain"

sharp

stabbing

cramping

burning

dull

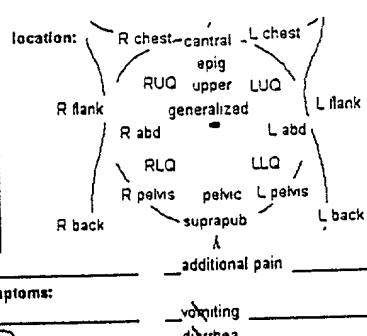
aching

migrating

...

well localized

diffuse



radiating to: \_\_\_\_\_ additional pain: \_\_\_\_\_

associated symptoms:

(nausea)

(loss of appetite)

vomiting

diarrhea

severity of pain: \_\_\_\_\_

modifying factors: \_\_\_\_\_

similar symptoms previously: \_\_\_\_\_  
once twice several times many times - occasionally frequently  
milder as bad worse varying

O \_\_\_\_\_

recently seen: \_\_\_\_\_  
ED office clinic hospitalized

O \_\_\_\_\_

### O ROS

#### GI

vomiting blood \_\_\_\_\_ fever \_\_\_\_\_ chills \_\_\_\_\_

black stools \_\_\_\_\_

bloody stools \_\_\_\_\_

#### URINARY

difficulty w/ urination \_\_\_\_\_

pain w/ urination \_\_\_\_\_

frequency \_\_\_\_\_

Female \_\_\_\_\_ pregnant \_\_\_\_\_

#### LNMP

missed periods \_\_\_\_\_ irreg \_\_\_\_\_

abnormal bleeding \_\_\_\_\_

all systems neg. except as marked \_\_\_\_\_

#### CONSTITUTIONAL

sore throat \_\_\_\_\_

blurred vision \_\_\_\_\_

#### CVS & Pulmonary

chest pain \_\_\_\_\_

difficulty breathing \_\_\_\_\_

cough \_\_\_\_\_

#### MS & Skin

joint pain \_\_\_\_\_ back pain \_\_\_\_\_

skin rash \_\_\_\_\_

### O PAST Hx

negative \_\_\_\_\_ see nurses notes \_\_\_\_\_

peptic ulcer \_\_\_\_\_

gall stones \_\_\_\_\_

bowel obstruction \_\_\_\_\_

kidney stones \_\_\_\_\_

heart dz \_\_\_\_\_ neuro dz \_\_\_\_\_

lung dz \_\_\_\_\_ GI dz \_\_\_\_\_

renal dz \_\_\_\_\_ other dz \_\_\_\_\_

HTN \_\_\_\_\_ diabetes \_\_\_\_\_

hyperlipidemia \_\_\_\_\_

previous surgery \_\_\_\_\_

abdominal surgery \_\_\_\_\_

O MEDS \_\_\_\_\_ none \_\_\_\_\_ see nurses notes \_\_\_\_\_

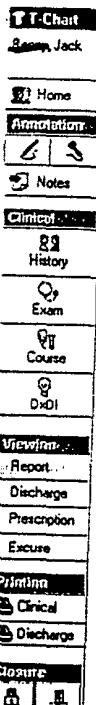
O ALLERGIES \_\_\_\_\_ NKDA \_\_\_\_\_ see nurses notes \_\_\_\_\_

O SOCIAL Hx \_\_\_\_\_ smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_

residence/travel: \_\_\_\_\_

O FAMILY Hx \_\_\_\_\_ gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx af \_\_\_\_\_

FIGURE 15



## Clinical Report

Hospital Name -  
Emergency Department  
Street Address - 214-555-1212  
12-Apr-2001

Patient Name: **Benny, Jack**

### HISTORY OF PRESENT ILLNESS

Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or diarrhea.

Physician Signature

FIGURE 16

**T T-Chart**  
Name: Jack

**Home**

**Annotations:**

**Clinical**

History

Exam

Course

Dx/DI

**Viewforms**

Report

Discharge

Prescription

Excuse

**Printouts**

Clinical

Discharge

**Closure:**

**Abdominal Pain** time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pvt vehicle EMS context: \_\_\_\_\_  
historian: patient EMS family limited by: \_\_\_\_\_

**O HPI**

chief complaint: abdominal pain flank pain  
started: just PTA today last night yesterday \_\_\_\_\_

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality: "pain"  
sharp  
stabbing  
cramping  
burning  
out  
migrating  
...  
well localized  
diffuse

location: R chest-central L chest  
RUQ upper LUQ  
generalized  
R add L add  
RLQ LLQ  
R pelvis pelvic L pelvis  
R back supraumb L back

radiating to: \_\_\_\_\_ additional pain: \_\_\_\_\_

associated symptoms:  
 nausea  
 loss of appetite  
 vomiting  
 diarrhea

severity of pain: \_\_\_\_\_  
modifying factors: \_\_\_\_\_

similar symptoms previously:  
once twice sev. times many times occasionally frequently  
milder as bad worse varying

O \_\_\_\_\_

recently seen: ED office clinic hospitalized  
O \_\_\_\_\_

**o ROS**

**GI**

vomiting blood \_\_\_\_\_ fever \_\_\_\_\_ chills \_\_\_\_\_  
black stools \_\_\_\_\_ Neuro & ENT headache \_\_\_\_\_  
bloody stools \_\_\_\_\_ sore throat \_\_\_\_\_  
**URINARY**  
difficulty w/ urination \_\_\_\_\_ blurred vision \_\_\_\_\_  
pain w/ urination \_\_\_\_\_ frequency \_\_\_\_\_  
**Female** pregnant \_\_\_\_\_ CVS & Pulmonary  
LNMP \_\_\_\_\_ chest pain \_\_\_\_\_  
missed periods \_\_\_\_\_ irreg. cough \_\_\_\_\_  
abnormal bleeding \_\_\_\_\_ joint pain \_\_\_\_\_ back pain \_\_\_\_\_  
all systems neg. except as marked skin rash \_\_\_\_\_

**O PAST Hx**

negative see nurses notes heart dz neuro dz  
peptic ulcer lung dz GI dz  
gall stones renal dz other dz  
bowel obstruction HTN diabetes  
kidney stones hyperlipidemia  
previous surgery abdominal surgery

**O MEDS** none see nurses notes

**O ALLERGIES** NKDA see nurses notes

**O SOCIAL Hx** smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_  
residence/travel: \_\_\_\_\_

**O FAMILY Hx** gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx of \_\_\_\_\_ O

FIGURE 17

T-Chart  
Jack

Home

Annotations

Notes

Clinical  
History

Exam

Course

Diagnosis

Viewing Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

**Abdominal Pain** time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pvt vehicle EMS context: \_\_\_\_\_  
historian: patient EMS family limited by: \_\_\_\_\_

**O HPI**

chief complaint: abdominal pain rank pain \_\_\_\_\_  
started: just PTA today last night yesterday \_\_\_\_\_

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality: "pain" sharp stabbing cramping burning dull migrating ...  
well localized diffuse

location: R chest-central L chest  
epig RUQ upper LUQ generalized L flank  
R flank R abd L abd RLQ LLQ  
R pelvis pelvic L pelvis suprapub L back  
R back A additional pain \_\_\_\_\_

radiating to: \_\_\_\_\_

associated symptoms: (nausea) vomiting (loss of appetite) diarrhea

severity of pain: \_\_\_\_\_

modifying factors: \_\_\_\_\_

similar symptoms previously: once twice several times many times - occasionally frequently  
milder as bad worse varying

0 \_\_\_\_\_

recently seen ED office clinic hospitalized

0 \_\_\_\_\_

**O ROS**

**GI**  
vomiting blood \_\_\_\_\_ black stools \_\_\_\_\_ bloody stools \_\_\_\_\_

**URINARY**  
difficulty w/ urination \_\_\_\_\_ pain w/ urination \_\_\_\_\_ frequency \_\_\_\_\_

**Female** pregnant \_\_\_\_\_ LNMP \_\_\_\_\_ missed periods \_\_\_\_\_ irregular \_\_\_\_\_

**CONSTITUTIONAL**  
fever \_\_\_\_\_ chills \_\_\_\_\_ headache \_\_\_\_\_ sore throat \_\_\_\_\_ blurred vision \_\_\_\_\_

**CVS & Pulmonary**  
chest pain \_\_\_\_\_ difficulty breathing \_\_\_\_\_ cough \_\_\_\_\_

minutes hours days ago weeks times months years

1 2 3 4 5 - for 6 7 8 9 0 112 several many occasionally

**O PAST Hx**

negative see nurses notes peptic ulcer gall stones bowel obstruction kidney stones

COUGH mild moderate severe dry / productive scant moderate copious thick thin clear yellow green brown white blood tinged frank blood

cough changed from baseline smoker sputum changed from baseline

0 MEDS none

0 ALLERGIES NKDA see nurses notes similar to previous symptoms

0 SOCIAL Hx smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_ residence/travel: \_\_\_\_\_

0 FAMILY Hx gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx of \_\_\_\_\_

FIGURE 18

T-Chart
Jack
Home
Annotations
Notes
Clinical
89
History
Exam
Course
OxI
Viewers
Report
Discharge
Prescription
Excuse
Printout
Clinical
Discharge
Closure
ED

**Abdominal Pain** time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pt vehicle EMS context: \_\_\_\_\_  
historian: patient EMS family limited by: \_\_\_\_\_

**0 HPI**

chief complaint: abdominal pain flank pain  
started: just PTA today last night yesterday

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality: "pain"  
sharp  
stabbing  
cramping  
burning  
dull  
migrating  
well localized  
diffuse

location: R chest-central L chest  
epig RUQ upper LUQ  
generalized L flank  
R flank R abd L abd  
RLQ LLQ  
R pelvis pelvic L pelvis  
R back suprapub L back

radiating to: additional pain \_\_\_\_\_

associated symptoms:  
**nausea** vomiting \_\_\_\_\_  
**loss of appetite** diarrhea \_\_\_\_\_

severity of pain:  
modifying factors:

similar symptoms previously:  
once twice sev. times many times - occasionally frequently  
milder as bad worse varying

0 recently seen  
ED office clinic hospitalized

**0 ROS**

**GI**

vomiting blood \_\_\_\_\_ fever \_\_\_\_\_ chills \_\_\_\_\_  
black stools \_\_\_\_\_ Neuro & EENT \_\_\_\_\_  
bloody stools \_\_\_\_\_ headache \_\_\_\_\_  
URINARY

difficulty w/ urination \_\_\_\_\_ sore throat \_\_\_\_\_  
pain w/ urination \_\_\_\_\_ blurred vision \_\_\_\_\_  
frequency \_\_\_\_\_ CVS & Pulmonary \_\_\_\_\_  
Female pregnant \_\_\_\_\_ chest pain \_\_\_\_\_  
LNMP \_\_\_\_\_ difficulty breathing \_\_\_\_\_  
cough: \_\_\_\_\_

missed periods \_\_\_\_\_ irreg. \_\_\_\_\_ minutes [x] [x]  
abnormal bleeding \_\_\_\_\_ hours [x] [x]  
all systems neg. except as noted for 1 2 3 4 5 - days ago  
several weeks times  
many months  
occasionally years

**0 PAST Hx**

negative see nurses notes today since yesterday recently chronically  
peptic ulcer \_\_\_\_\_ COUGH mild moderate **cough**  
gall stones \_\_\_\_\_  
bowel obstruction \_\_\_\_\_  
kidney stones \_\_\_\_\_ dry / **nonproductive** scant moderate copious **thin** thin  
clear yellow **green** brown white  
**blood tinged** frank blood

cough changed from baseline smoker  
sputum changed from baseline

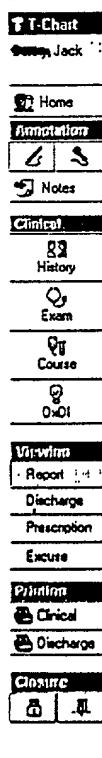
0 MEDS none similar to previous symptoms  
see nurses notes

0 ALLERGIES NKDA

0 SOCIAL Hx smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_  
residence/travel: \_\_\_\_\_

0 FAMILY Hx gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx af \_\_\_\_\_

FIGURE 19



## Clinical Report

Hospital Name -  
Emergency Department  
Street Address - 214-555-1212  
12-Apr-2001

Patient Name: Rowdy, Jack

### HISTORY OF PRESENT ILLNESS

Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or diarrhea.

### REVIEW OF SYSTEMS

The patient has had a severe cough productive of thick, green, blood tinged sputum. No frankly bloody sputum.

\_\_\_\_\_  
Physician Signature

FIGURE 20

**T-Chart**

Jack

Home

Ambulation

Notes

Clinical

History

O<sub>2</sub> Exam

Course

DxD

Viewfind

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

**Abdominal Pain** time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pvt vehicle EMS context: \_\_\_\_\_  
historian: patient EMS family limited by: \_\_\_\_\_

**O HPI**

chief complaint: abdominal pain flank pain  
started: just PTA today last night yesterday

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality: "pain"  
sharp  
stabbing  
cramping  
burning  
dull  
migrating  
well localized  
diffuse

location: R chest-central L chest  
epig RUQ upper LUQ  
generalized L flank  
R abd L abd  
RLQ LLQ  
R pelvis pelvic L pelvis  
suprapubic L back  
R back A L back

radiating to: additional pain

associated symptoms:  
nausea vomiting  
loss of appetite diarrhea

severity of pain:  
once twice sever times many times - occasionally frequently  
milder as bed worse varying

modifying factors: \_\_\_\_\_

similar symptoms previously: \_\_\_\_\_

recently seen: ED office clinic hospitalized

O

**O ROS**

**GI**

vomiting blood \_\_\_\_\_  
black stools \_\_\_\_\_  
bloody stools \_\_\_\_\_

**URINARY**

difficulty w/ urination \_\_\_\_\_  
pain w/ urination \_\_\_\_\_  
frequency \_\_\_\_\_

**Female** pregnant \_\_\_\_\_

**LNMP**

missed periods \_\_\_\_\_ irreg. \_\_\_\_\_  
abnormal bleeding \_\_\_\_\_

all systems neg. except as noted for: 1 2 3 4 5+ hours [←] [→]  
several 6 7 8 9 10 11 12 days ago  
many several weeks months times  
occasionally many years

**O PAST Hx**

negative see nurses notes today since yesterday recently chronically  
peptic ulcer \_\_\_\_\_  
gall stones \_\_\_\_\_ COUGH  
bowel obstruction \_\_\_\_\_ mild moderate  sever  
kidney stones \_\_\_\_\_ dry / productive scant moderate copious  thin  
clear yellow  brown white  
 blood tinged frank blood

cough changed from baseline smoker  
sputum changed from baseline

**O MEDS** none

**O ALLERGIES** NKDA see nurses notes

**O SOCIAL Hx** smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_  
residence/travel: \_\_\_\_\_

**O FAMILY Hx** gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx af \_\_\_\_\_

FIGURE 21

**T-Charts**

Gerry, Jack

**Home****Annotations****Notes****Clinical Areas**

History



Exam



Course



OxO

**Viewform****Report****Discharge****Prescription****Excuse****Printouts****Clinical****Discharge****Closure****Abdominal Pain**

time: \_\_\_\_\_ room: \_\_\_\_\_

arrived: pt vehicle EMS context: \_\_\_\_\_

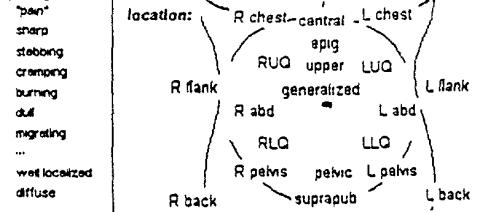
historian: patient EMS family limited by: \_\_\_\_\_

**O HPI**chief complaint: **abdominal pain** flank pain

started: just PTA today last night yesterday

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

## quality:



associated symptoms:

(nausea) vomiting \_\_\_\_\_

(loss of appetite) diarrhea \_\_\_\_\_

severity of pain: \_\_\_\_\_

modifying factors: \_\_\_\_\_

similar symptoms previously:  
once twice as often many times - occasionally frequently  
milder as bad worse varying

0 \_\_\_\_\_

recently seen: ED office clinic hospitalized

0 \_\_\_\_\_

**O ROS****GI**

vomiting blood \_\_\_\_\_ fever \_\_\_\_\_ chills \_\_\_\_\_

black stools \_\_\_\_\_ Neuro &amp; ENT headache \_\_\_\_\_

bloody stools \_\_\_\_\_ sore throat \_\_\_\_\_

**URINARY**

difficulty w/ urination \_\_\_\_\_ blurred vision \_\_\_\_\_

pain w/ urination \_\_\_\_\_ CVS &amp; Pulmonary chest pain \_\_\_\_\_

frequency \_\_\_\_\_ difficulty breathing \_\_\_\_\_

Female \_\_\_\_\_ pregnant \_\_\_\_\_ (cough) severe, productive, thick, cr joint pain \_\_\_\_\_

LNMP \_\_\_\_\_ missed periods \_\_\_\_\_ irreg \_\_\_\_\_ back pain \_\_\_\_\_

abnormal bleeding \_\_\_\_\_ skin rash \_\_\_\_\_

all systems neg. except as marked \_\_\_\_\_

**CONSTITUTIONAL**

fever \_\_\_\_\_ chills \_\_\_\_\_

headache \_\_\_\_\_

sore throat \_\_\_\_\_

blurred vision \_\_\_\_\_

CVS &amp; Pulmonary chest pain \_\_\_\_\_

difficulty breathing \_\_\_\_\_

(cough) severe, productive, thick, cr joint pain \_\_\_\_\_

MS &amp; Skin skin rash \_\_\_\_\_

joint pain \_\_\_\_\_ back pain \_\_\_\_\_

skin rash \_\_\_\_\_

**O PAST HX**

negative \_\_\_\_\_ see nurses notes heart dz \_\_\_\_\_ neuro dz \_\_\_\_\_

peptic ulcer \_\_\_\_\_ lung dz \_\_\_\_\_ GI dz \_\_\_\_\_

gall stones \_\_\_\_\_ renal dz \_\_\_\_\_ other dz \_\_\_\_\_

bowel obstruction \_\_\_\_\_ HTN \_\_\_\_\_ diabetes \_\_\_\_\_

kidney stones \_\_\_\_\_ hyperlipidemia \_\_\_\_\_

previous surgery \_\_\_\_\_

abdominal surgery \_\_\_\_\_

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker \_\_\_\_\_ ETOH \_\_\_\_\_ drugs \_\_\_\_\_

residence/travel: \_\_\_\_\_

0 FAMILY Hx gall bladder \_\_\_\_\_ heart dz \_\_\_\_\_ hx of \_\_\_\_\_

FIGURE 22

<b>MVA</b>	time: _____	room: _____	bkbrd c-collar _____	nurses notes rev'd _____	VS rev'd _____
arrived: pvt vehicle EMS _____	context: _____				
historian: patient EMS family _____	limited by: _____				
<b>PHYSICAL EXAM</b>					
<p>chief complaint: MVA _____</p> <p>location of injuries: _____</p> <p>occurred: just PTA today last night yesterday _____</p> <p>pain: none ____ mild ____ moderate ____ severe ____</p> <p>assoc: blow head ____ neck pain ____ LOC ____ dazed ____ seizure ____</p> <p>mechanism details: O</p>					
<p>alert _____ anxious / lethargic / obtunded _____</p> <p>NAD _____ in distress mild mod severe _____</p> <p>HEAD</p> <p>non-tender _____</p> <p>no swelling _____</p> <p>Battle's sign _____ raccoon eyes _____</p> <p>Add1 Injury O</p>					
<p>NECK</p> <p>non-tender _____ verteb. tenderness _____ painful movement _____</p> <p>painless ROM _____ decrsl ROM _____ muscle spasm _____</p> <p>EYES</p> <p>PERRL _____ pupillary exam: _____</p> <p>EOM intact _____ ocular injury _____</p> <p>ENT</p> <p>no dental injury _____ hemotympanum _____</p> <p>pharynx nml _____ malocclusion _____</p>					
<p><b>0 HPI</b></p> <p>numbness _____ weakness _____ trouble breathing _____</p> <p>chest pain _____ heart dz _____ neuro dz _____</p> <p>hearing loss _____ tinnitus _____ nausea / vomiting _____</p> <p>loss of vision _____ bladder dysfunction _____</p> <p>headache _____ skin laceration _____</p> <p>chest pain, fever, chills, fever within recently ill _____</p> <p>depressed mood _____</p> <p>all systems neg except as marked</p> <p><b>0 ROS</b></p> <p>neg see nurses notes</p> <p>status: UTD &gt;5 &gt;10 unk</p> <p>previous surgery _____</p> <p><b>0 PAST HISTORY</b></p> <p>meds: none see nurses notes</p> <p><b>0 ALLERGIES</b> NKDA see nurses notes</p> <p><b>ED/SOCIAL HX</b> nonsmoker, NLT, ETOH, drugs, residence/travel:</p>					

FIGURE 23

<b>RESPIRATORY</b>	<input type="checkbox"/> resp distress /	<input type="checkbox"/> intact	<input type="checkbox"/> tesis /	<input type="checkbox"/> pallor /
	<input type="checkbox"/> chest nontender	<input type="checkbox"/> chest wall injury #1 _____ #2 _____	<input type="checkbox"/> warm, dry	<input type="checkbox"/> cool skin _____
	<input type="checkbox"/> breath snds nml	<input type="checkbox"/> decreased breath sounds _____	<input type="checkbox"/> nml color	<input type="checkbox"/> diaphoresis _____
		<input type="checkbox"/> rales _____ ronchi _____		<input type="checkbox"/> skin rash _____
		<input type="checkbox"/> wheezes _____ crepitus _____		<input type="checkbox"/> poor skin turgor _____
<b>CVS</b>	<input type="checkbox"/> abnml rate tachycardia bradycardia	<input type="checkbox"/> atraumatic	<input type="checkbox"/> soft-tissue tenderness _____	
	<input type="checkbox"/> abnml rhythm	<input type="checkbox"/> nml inspection	<input type="checkbox"/> bony tenderness _____	
	<input type="checkbox"/> JVD present	<input type="checkbox"/> pelvis stable	<input type="checkbox"/> abrasions #1 _____ #2 _____	
	<input type="checkbox"/> extra sounds _____ murmur _____	<input type="checkbox"/> no pedal edema	<input type="checkbox"/> limping gait _____ cannot bear weight _____	
	<input type="checkbox"/> pulse exam:		<input type="checkbox"/> gait not tested due to pain _____	
<b>ABDOMEN</b>	<input type="checkbox"/> obese _____ scar _____ other _____	<input type="checkbox"/> tenderess #1 _____ #2 _____		
	<input type="checkbox"/> soft	<input type="checkbox"/> guarding		
	<input type="checkbox"/> nontender	<input type="checkbox"/> rebound		
	<input type="checkbox"/> no organomegaly	<input type="checkbox"/> organomegaly _____ gravid uterus _____		
		<input type="checkbox"/> abnml bowel sounds _____		
		<input type="checkbox"/> distention _____		
		<input type="checkbox"/> mass _____		
<b>GU</b>	<input type="checkbox"/> perineal hematoma	<input type="checkbox"/> vertebral point tenderness	<input type="checkbox"/> tesis /	<input type="checkbox"/> pallor /
	<input type="checkbox"/> abnml genitalia	<input type="checkbox"/> muscle spasm _____ limited ROM _____	<input type="checkbox"/> cool skin _____	<input type="checkbox"/> diaphoresis _____
	<input type="checkbox"/> abnml vaginal exam	<input type="checkbox"/> blood at urethral meatus	<input type="checkbox"/> skin rash _____	<input type="checkbox"/> poor skin turgor _____
<b>RECTAL</b>	<input type="checkbox"/> rectal bleeding	<input type="checkbox"/> altered mental status _____ GCS _____		
	<input type="checkbox"/> abnml rectal exam	<input type="checkbox"/> CN deficit _____		
		<input type="checkbox"/> weakness _____ sensory deficit _____		
	<input type="checkbox"/> heme neg stool	<input type="checkbox"/> reflex exam:		
<b>BACK</b>	<input type="checkbox"/> tenderness _____ #2 _____			
	<input type="checkbox"/> nontender	<input type="checkbox"/> vertebral point tenderness		
	<input type="checkbox"/> ROM nml	<input type="checkbox"/> muscle spasm _____ limited ROM _____		
<b>O NEURO</b>	<input type="checkbox"/> altered mental status _____ GCS _____			
	<input type="checkbox"/> oriented x3	<input type="checkbox"/> CN deficit _____		
	<input type="checkbox"/> no motor deficit	<input type="checkbox"/> weakness _____ sensory deficit _____		
	<input type="checkbox"/> no sensory deficit	<input type="checkbox"/> reflex exam:		
	<input type="checkbox"/> reflexes nml			

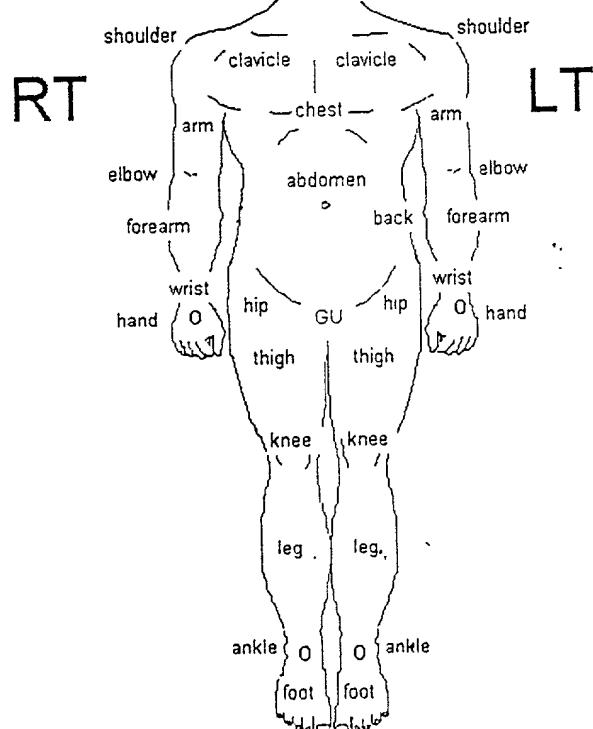
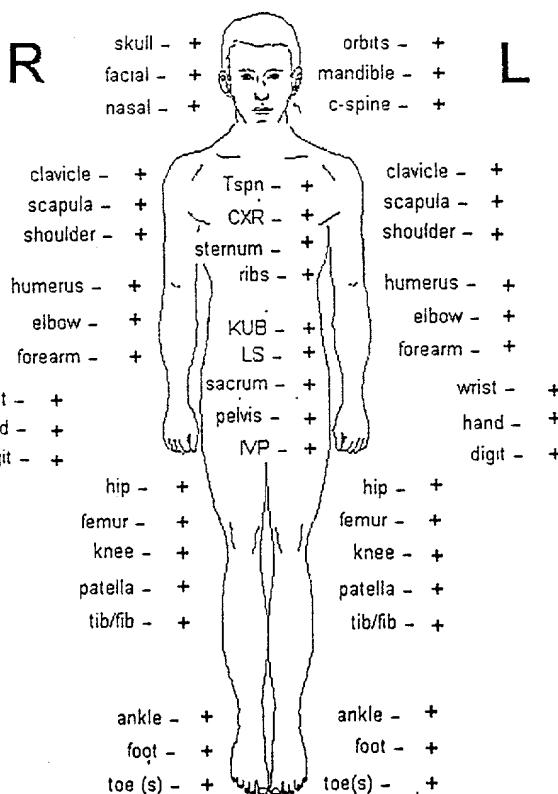


FIGURE 24-

**X-RAYS**

nmr / NAD except as noted  
 independently visualized by me  
 interpreted by me contemporaneously

discussed with radiologist  
 interpreted by radiologist

**EKG / LABS / SPECIAL STUDIES**

EKG nmr     CT Head NAD     CT Abdomen NAD  
 Labs nmr     CT Chest NAD     Other studies neg

**PROCEDURE NOTES**

- Intubation     Splint  
 Ventilator Management     Wound Repair  
 Central Line  
 Chest Tube

**PROGRESS**

TIME \_\_\_\_\_ -now-      stable      unstable  
 sx's much better      better      unchanged  
 exam improved      unchanged

[APPLY]

trauma course     Resp / CVS     CPR     re-evaluation

**consultation / review of records**

D/W Dr. \_\_\_\_\_ old records ordered \_\_\_\_\_  
 D/W Dr. (#2) \_\_\_\_\_ old records reviewed \_\_\_\_\_  
 tried - can't contact Dr. \_\_\_\_\_ records req - unavailable \_\_\_\_\_  
 family consultation \_\_\_\_\_ further history sought \_\_\_\_\_

**hospital admission or transfer**

admitted \_\_\_\_\_ good condition \_\_\_\_\_  
 transferred \_\_\_\_\_ stable \_\_\_\_\_  
 observation status \_\_\_\_\_

FIGURE 25

## CLINICAL IMPRESSION

acute pain _____	MVA _____	MCA _____	bike _____	pedestrian _____
skin				
laceration _____	fracture	skull _____	rib _____	
abrasion(s) _____		facial _____	pelvic _____	
skin avulsion _____		spine _____	hip _____	
foreign body, soft tissue _____		upper ext _____	lower ext _____	
soft tissue				
cervical strain _____		wrist _____	ankle _____	
neck pain _____		hand _____	foot _____	
back pain _____	other / major injury			
strain _____	concussion _____			
sprain _____	head injury _____			
contusion _____	spinal injury _____			
dislocation				
shoulder _____	hemorrhage _____			
finger _____	hypotension _____			
elbow _____	shock _____			
toe _____	respiratory failure _____			
knee injury				
knee injury _____	chest injury _____			
hemarthrosis _____	cardiac arrest _____			
knee instability _____	abdominal injury _____			
general				
abnormal test _____	hypertension _____			
lifestyle issues _____	diabetes _____			
more diagnoses				
<input type="checkbox"/> Allergy	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Ortho / Surg		
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Int Medicine ,Gen1	<input type="checkbox"/> Pediatrics		
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Mouth/Dental	<input type="checkbox"/> Psychiatric		
<input type="checkbox"/> ENT <input type="checkbox"/> Eye	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Toxicology		
<input type="checkbox"/> Environmental	<input type="checkbox"/> Neurology	<input type="checkbox"/> Trauma		
<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> OB-GYN	<input type="checkbox"/> Urology		

## PRESCRIPTIONS

OTC meds	NSAID's	antibiotics
OTC meds _____	Ibuprofen _____	Augmentin _____
Acetaminophen _____	Lodine _____	Cephalexin _____
Motrin _____	Naproxen _____	Cipro 10d _____
pain / nausea	muscle	Duricef _____
Darvocet-N _____	Flexeril _____	Erythromycin _____
Lortab _____	Robaxin _____	Levaquin _____
Phenergan _____	Skelaxin _____	Silvadene _____
Tylenol w/Cod. _____	Soma _____	

more prescriptions			
<input type="checkbox"/> Allergy/Decong	<input type="checkbox"/> Eye	<input type="checkbox"/> Nsaids	<input type="checkbox"/> Sedative
<input type="checkbox"/> Analgesics	<input type="checkbox"/> ENT	<input type="checkbox"/> M.Relax	<input type="checkbox"/> Skin
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> GI	<input type="checkbox"/> Ob-Gyn	<input type="checkbox"/> Steroids
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Neuro	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Urology

## DISCHARGE INSTRUCTIONS

treatment	activity / work-school
c-collar _____	<input type="checkbox"/> no restrictions _____
ice _____	<input type="checkbox"/> no strenuous activity _____
wound care _____	<input type="checkbox"/> wt bearing as tolerated _____
sling _____	<input type="checkbox"/> no wt bearing _____
rib belt _____	<input type="checkbox"/> RT work _____ off work _____
crutches _____	<input type="checkbox"/> RT school _____ off school _____
knee immobilizer _____	warnings
elastic wrap _____	<input type="checkbox"/> head _____ comps _____
diet _____	<input type="checkbox"/> infection _____ Tet given _____
<input type="checkbox"/> no restrictions _____	<input type="checkbox"/> sedative meds in ED _____
<input type="checkbox"/> clear liquids only _____	<input type="checkbox"/> return if problems _____

## follow-up

<input type="checkbox"/> w/ Dr. _____	<input type="checkbox"/> w/ your doctor _____
<input type="checkbox"/> w/ Dr. (#2) _____	<input type="checkbox"/> w/ specialist _____
<input type="checkbox"/> return to ED _____	<input type="checkbox"/> discharged home in _____

FIGURE 24

T-Chart		<b>Abdominal Pain</b>		time: _____ room: _____	0 ROS		
Roberts, Mary		arrived: pt vehicle EMS		context: _____	GI		
Home		historian: patient EMS family		limited by: _____	CONSTITUTIONAL		
Annotation:					vomiting blood	fever _____ chills _____	
		0 HPI		other			
		chief complaint: abdominal pain flank pain started: just PTA today last night yesterday		OTHER HISTORY			
		still present _____	gone _____	timing: _____	CONST	MUSCULOSKEL	
		quality: "pain"	location: R chest-central L chest sharp apig stabbing RUQ upper LUQ cramping generalized burning R abd L abd dull R flank RLQ LLQ migrating R pelvis pelvic L pelvis well localized R back suprapubic diffuse		fever _____ chills _____ mus aches _____ weight loss _____	chest pain _____ palps _____ dyspnea _____ cough _____ foot swing _____ calf pain _____	neck pain _____ back pain _____ joint pain _____
		radiating to: _____		additional pain _____	EYES	SKIN	
		associated symptoms:			int ayes _____ dcr vnsn _____ photophobia _____ dble vnsn _____	skin rash _____ skin lesion _____ insect bite _____ skin lac _____	
		nausea _____	vomiting _____		GI	NAUSEA _____ vomiting: _____	
		loss of appetite _____	diarrhea _____		NEURO/PSYCH		
		severity of pain: _____					
		modifying factors: _____					
		similar symptoms previously: once twice several times many times milder as bed worse veryng					
		0					
		recently seen	ED office clinic hospitalized		VOMITING		
		0			mild moderate severe		
					once twice several times numerous		
					blood-tinged w/ frank blood dark coffee-ground bilious feculent		
					similar to previous symptoms		

FIG 27

nurses notes rev/d	VS rev/d	O/R/other	
<b>PHYSICAL EXAM</b>			
<input checked="" type="checkbox"/> Alert	comatose / lethargic / obtunded		
<input checked="" type="checkbox"/> NAD	in distress mild mod severe		
<b>EYES</b>			
<input checked="" type="checkbox"/> Ophthalmoscopy	conjunctival findings		
<input checked="" type="checkbox"/> PERRL	(Scleral icterus)		
<input checked="" type="checkbox"/> PERRL	(Pale conjunctivae)		
<b>ENT</b>			
<input checked="" type="checkbox"/> Ears nml	abnml ear exam		
<input checked="" type="checkbox"/> Nose nml	(Runny nose)		
<input checked="" type="checkbox"/> Pharynx nml	pharyngeal erythema		
<input checked="" type="checkbox"/> Pharynx nml	tonsillar exudate		
<input checked="" type="checkbox"/> Pharynx nml	(dry mucous membranes)		
<b>NECK</b>			
<input checked="" type="checkbox"/> Nml inspection	JVD		
<input checked="" type="checkbox"/> Supple	carotid bruit		
<input checked="" type="checkbox"/> Nml inspection	(Lymphadenopathy)		
<input checked="" type="checkbox"/> Supple	(Thyromegaly)		
<input checked="" type="checkbox"/> Supple	(Meningeal signs)		
<b>CVS</b>			
<input checked="" type="checkbox"/> Nml rate/rhythm	abnml rate tachycardia bradycardia		
<input checked="" type="checkbox"/> Hear sounds nml	abnml rhythm		
<input checked="" type="checkbox"/> Nml rate/rhythm	murmur		
<input checked="" type="checkbox"/> Hear sounds nml	extra sounds		
<input checked="" type="checkbox"/> Nml rate/rhythm	decreased pulses		
<b>RESPIRATORY</b>			
<input checked="" type="checkbox"/> No resp distress	resp distress		
<input checked="" type="checkbox"/> Breath sounds nml	accessory muscles		
<input checked="" type="checkbox"/> Chest non tender	decreased air movement		
<input checked="" type="checkbox"/> Chest non tender	rales		
<input checked="" type="checkbox"/> Chest non tender	rhonchi		
<input checked="" type="checkbox"/> Chest non tender	wheezes		
<input checked="" type="checkbox"/> Chest non tender	prolonged expiration		
<b>ABDOMEN</b>			
<input checked="" type="checkbox"/> Soft	tenderness #1	scar #2	other
<input checked="" type="checkbox"/> Non tender	(Guarding)		
<input checked="" type="checkbox"/> Non tender	(Rebound)		
<input checked="" type="checkbox"/> No organomegaly	organomegaly	gravid uterus	
<input checked="" type="checkbox"/> No organomegaly	abnml bowel sounds		
<input checked="" type="checkbox"/> No organomegaly	distention		
<input checked="" type="checkbox"/> No organomegaly	mass		
<b>0 FEM GENITALIA</b>			
<input checked="" type="checkbox"/> External exam nml	vag. bleeding	discharge	
<input checked="" type="checkbox"/> Bimanual exam nml	bimanual tenderness		
<input checked="" type="checkbox"/> Enlarged uterus	enlarged uterus	mass	
<b>MALE GENITALIA</b>			
<input checked="" type="checkbox"/> Nml genitalia	tenderness		
<input checked="" type="checkbox"/> Testes descended	scrotal swelling		
<b>RECTAL</b>			
<input checked="" type="checkbox"/> Nml rectal exam	blood in stool		
<input checked="" type="checkbox"/> Nontender	tenderness		
<input checked="" type="checkbox"/> Heme neg stool	abnormal digital rectal		
<b>BACK</b>			
<input checked="" type="checkbox"/> Nml inspection	CVA tenderness		
<b>EXTREMITIES</b>			
<input checked="" type="checkbox"/> Nml ROM	pedal edema		
<input checked="" type="checkbox"/> No pedal edema	calf tenderness		
<b>SKIN</b>			
<input checked="" type="checkbox"/> Nml color	Gynecomastia	palor	
<input checked="" type="checkbox"/> Warm, dry	cool skin	diaphoresis	
<input checked="" type="checkbox"/> No rash	(Skin rash)	poor skin turgor	
<b>NEURO</b>			
<input checked="" type="checkbox"/> Oriented x3	altered mental status		
<input checked="" type="checkbox"/> No motor deficit	CN deficit		
<input checked="" type="checkbox"/> No sensory deficit	weakness		
<input checked="" type="checkbox"/> Reflexes nml	sensory deficit		
<input checked="" type="checkbox"/> Reflexes nml	reflex exam		

FIG 28

## Clinical Report

Hospital Name - Emergency Department  
Street Address - 214-555-1212  
26-Jul-2001

Patient Name: Doc John  
Many

### PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

---

Physician Signature

F1629

nurses notes rev'd	VS rev'd	other
<b>PHYSICAL EXAM</b>		
Home	in	abn
Abd	con	in
GU	speculum	speculum
Notes	PERRL	normal
Clinical	ENT	external exam nml
History	(ears nml)	speculum exam nml
Exam	nose nml	no vag discharge
Course	pharynx nml	no cervical lesions
Dx/DI	dry	as closed
Viewfinders	NECK	JVC
Clinical	nml inspection	can
Instructions	supple	sym
Prescription		hyp
Excuse		mei
Printed	CVS	bimanual exam nml
Clinical	nml rate/rhythm	non-tender bimanual
Habits/FAx	heart sounds nml	no pelvic mass
Discharge		exit
Lock		dec

## PELVIC EXAM

## ABDOMEN

## OBESO

## SCAR

## #1

## #2

## OTHER

## GALY

## GRavid uterus

## WEL sounds

## DISCHARGE

## TENDERNESS

## MASS

## S

## SWELLING

## TOOL

## S.

## DIGITAL RECTAL

## ERNESS

## MA

## IMM

## PALLOR

## DIAPHORESIS

## POOR SKIN TURGOR

## MENTAL STATUS

## DECREASED RECTAL TONE

## BLOOD IN STOOL

## ABNORMAL DIGITAL RECTAL

## ELICIT

## PROL

# Clinical Report

Hospital Name -

Emergency Department  
Street Address - 214-555-1212  
26-Jul-2001

Patient Name: Doe, Jane

## PAST HISTORY

Peptic ulcer. Gall stones. Bowel obstruction.

## PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the cervical os.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Physician Signature

Print Name	<input type="text"/>
Clinical	<input type="checkbox"/>
Instructions	<input type="checkbox"/>
Prescription	<input type="checkbox"/>
Excuse	<input type="checkbox"/>
Discharge	<input type="checkbox"/>
Lock	<input type="checkbox"/>

F16 31

# EKG / XRAYS / STUDIES

<input checked="" type="checkbox"/> History	0 EKG _____	0 CT Head _____	NAD	0 Central Line
<input checked="" type="checkbox"/> Past	0 CXR _____	0 CT Chest _____	NAD	0 Thrombolytic Therapy
<input checked="" type="checkbox"/> Present	0 V/Q scan _____	0 CT Abdomen _____	NAD	0 Ventilator Management
<input checked="" type="checkbox"/> Admit	0 Abdomen _____	0 Abdominal Sono _____	NAD	0 Chest Tube
<input checked="" type="checkbox"/> Discharge	0 IVP _____	0 Pelvic Sono _____	NAD	
<input checked="" type="checkbox"/> Notes	0 Other X-rays _____	neg	0 Other studies _____	

LAB		PFTs		Other	
0 CBC : nml except	0 Chem : CMP Blp ISTAT nml except	0 Cardiac Enz : nml except	0 Peak Flow : nml	0 U/A : cath clean nml except	
WBC _____	Na _____	CK _____	WBCs _____	IV fluids	
Hyb _____	K _____	CKMB _____	RBCs _____	Evalu Phenergan uncl	
HCT _____	Cl _____	myoglobin _____	MS Toradol	Nubain Demerol	
Plat _____	HCO3 _____	Troponin T _____	Gl cocktail		
segs _____	Glu _____	Troponin I _____			
bands _____	#2 _____	BUN _____			
lymphs _____	Cr _____	Pulse Ox : time- _____			
monos _____	Tot Prat _____	FIO2 _____			
	Albumin _____	O2 sat _____			
<input checked="" type="checkbox"/> COAG :	T. Bili. _____	0 ABG : Bili _____			
PT _____	SGOT _____	lime- _____			
	Alk Phos _____	FIO2 _____			
<input checked="" type="checkbox"/> Clinical	INR _____	Ca _____			
<input checked="" type="checkbox"/> Instux/Rx	Mg _____	pO2 _____			
	PO4 _____	O2 sat _____			
<input checked="" type="checkbox"/> Discharge	TYPE / Rh : Time - _____	HCG _____			
<input checked="" type="checkbox"/> Lock	T & C _____	sHCG _____			
	Lipase _____	pCO2 _____			
	Type/Rh _____	pH _____			
		Lipase _____			
		Quant _____			
		uHCG _____			

# DISCHARGE NOTES

TIME:	<input checked="" type="checkbox"/> AFTER: reassessment multiple exams <u>Observation</u> return to dept	<input checked="" type="checkbox"/> stable sx's gone	<input checked="" type="checkbox"/> unstable (much better)	<input checked="" type="checkbox"/> better	<input checked="" type="checkbox"/> unchanged
*	<input checked="" type="checkbox"/> Exam improved	<input checked="" type="checkbox"/> Exam unchngd	<input checked="" type="checkbox"/> [APPLY] nt. Physical exam findings are _____ mptoms are unchanged.		
*	<input checked="" type="checkbox"/> Eval tests back	<input checked="" type="checkbox"/> unch	<input checked="" type="checkbox"/> IV fluids	<input checked="" type="checkbox"/> Evalu Phenergan uncl	<input checked="" type="checkbox"/> MS Toradol
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> cath	<input checked="" type="checkbox"/> RBCs _____	<input checked="" type="checkbox"/> Nubain Demerol	<input checked="" type="checkbox"/> Gl cocktail
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> clean	<input checked="" type="checkbox"/> bacteria _____	<input checked="" type="checkbox"/> med analgesic	<input checked="" type="checkbox"/> antibiotics anxiolytic analeptic (arcotic)
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml except	<input checked="" type="checkbox"/> blood _____	<input checked="" type="checkbox"/> O ge ketones _____	<input checked="" type="checkbox"/> anisomodic
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> leuk est _____	<input checked="" type="checkbox"/> nitrite _____	<input checked="" type="checkbox"/> anisomodic
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> gluc _____	<input checked="" type="checkbox"/> glucose _____	<input checked="" type="checkbox"/> anisomodic
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> protein _____	<input checked="" type="checkbox"/> old records ordered _____	<input checked="" type="checkbox"/> old records reviewed _____
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> FIO2 _____	<input checked="" type="checkbox"/> Dr. _____	<input checked="" type="checkbox"/> Dr. (#2) _____
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> pO2 _____	<input checked="" type="checkbox"/> tried - can't contact Dr. _____	<input checked="" type="checkbox"/> records req - unavailable _____
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> O2 sat _____	<input checked="" type="checkbox"/> family consultation _____	<input checked="" type="checkbox"/> further history sought _____
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> pH _____	<input checked="" type="checkbox"/> uHCG _____	<input checked="" type="checkbox"/> hospital admission or transfer
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> Lipase _____	<input checked="" type="checkbox"/> admil _____	<input checked="" type="checkbox"/> good condition _____
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> Type/Rh _____	<input checked="" type="checkbox"/> transfer _____	<input checked="" type="checkbox"/> stable _____
*	<input checked="" type="checkbox"/> return to dept	<input checked="" type="checkbox"/> nml	<input checked="" type="checkbox"/> Instux/Rx _____	<input checked="" type="checkbox"/> observation status _____	<input checked="" type="checkbox"/> _____

Fig 32

**EKG / XRAYS / STUDIES**

Do Jane  
 EKG \_\_\_\_\_  
 CXR \_\_\_\_\_  
 V/Q scan \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 IVP \_\_\_\_\_  
 Other X-rays \_\_\_\_\_  
 Head NAD  
 Chest NAD  
 Abdomen NAD  
 Sono NAD  
 Pelvic Sono NAD  
 Other studies neg

**PROCEDURE NOTES**

Intubation \_\_\_\_\_  
 Ventilator Management \_\_\_\_\_  
 Chest Tube \_\_\_\_\_

**PROGRESS**

TIME: _____	-now-	stable	unstable
sx's gone much better better unchanged			
exam improved unchanged			
[APPLY] _____			
Evaluation after reassessment. Physical exam findings are unchanged.			
Evaluation after multiple exams. Physical exam findings are unchanged. The patient's symptoms are unchanged.			
Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better.			
O general course O Resp / CVS O CPR O re-evaluation			
consultation / review of records			
D/W Dr. _____ old records ordered _____			
D/W Dr. (#) _____ old records reviewed _____			
records req - unavailable _____			
further history sought _____			
hospital admission or transfer _____			
admit _____ good condition _____			
transfer _____ stable _____			
observation status _____			

FEB 3 3

**LAB**

O CBC	O Chem	O Cardiac Enz	O PFTs
nl except	nl except	nl except	Peak Flow _____
WBC _____	Na _____	CK _____	O U/A _____
Hgb _____	K _____	CKMB _____	cath clean
HCT _____	Cl _____	myoglobin _____	nl except
Plat _____	HCO3 _____	Troponin T _____	WBCs _____
seg. _____	Glu _____	Troponin I _____	RBCs _____
bands _____	BUN _____	Pulse Ox _____	bacteria _____
lymphs _____	Cr _____	FIO2 _____	blood _____
monos _____	Tot Prot _____	O2 sat _____	leuk est _____
	Albumin _____	ABG _____	nitrite _____
	T.Bili. _____	O2 sat _____	gluc _____
O COAG	PT _____	SGOT _____	ketones _____
	PTT _____	Alk Phos _____	Bili _____
	INR _____	Ca _____	protein _____
		Mg _____	D/W Dr. _____
		PO4 _____	D/W Dr. (#) _____
		pCO2 _____	HCG _____
		Time _____	shCG _____
		Amylase _____	family consultation _____
		Lipase _____	Quant _____
		Type/Rh _____	uHCG _____

# Clinical Report

Hospital Name: Hospital Name  
Emergency Department  
Street Address - 214-555-1212  
26-Jul-2001

Patient Name: Doe, Jane

## PAST HISTORY

Peptic ulcer. Gall stones. Bowel obstruction.

## PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the cervical os.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

## PROGRESS AND PROCEDURES

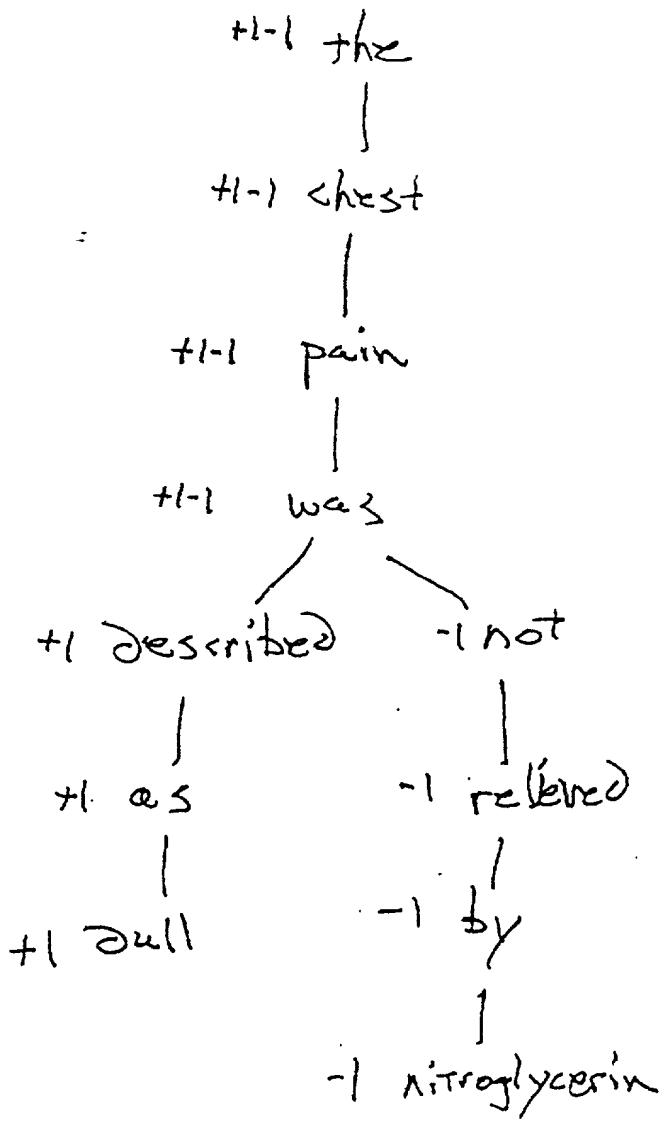
E.D. Course: Evaluation after reassessment. Physical exam findings are unchanged.

Evaluation after multiple exams. Physical exam findings are unchanged. The patient's symptoms are unchanged.

Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better.

Physician Signature

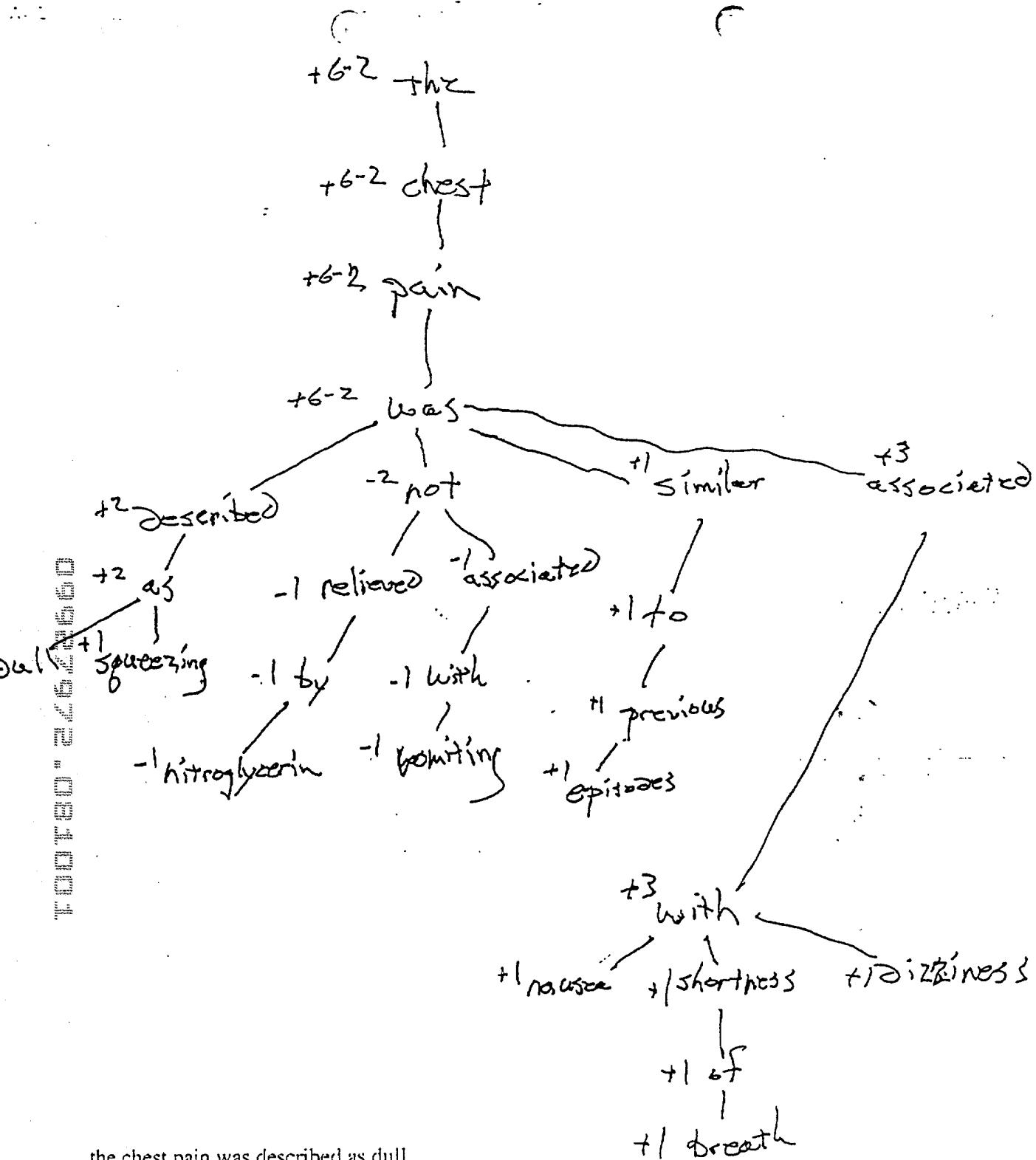
Fig 34



the chest pain was described as dull

the chest pain was not relieved by nitroglycerin

FIG 35



the chest pain was described as dull

the chest pain was not relieved by nitroglycerin

the chest pain was similar to previous episodes

the chest pain was described as squeezing

the chest pain was associated with nausea

the chest pain was not associated with vomiting

the chest pain was associated with shortness of breath

the chest pain was associated with dizziness

FIG 36

Test TSysTPRL

the patient has had a prior history of \*\* cancer of the stomach  
the patient has had a prior history of \*\* cancer of the brain  
the patient has had a prior history of \*\* diabetes  
the patient has had a prior history of \*\* congestive heart failure  
the patient has had a prior history of \*\* gout  
the patient has had a prior history of \*\* ingrown toenails  
the patient has had a prior history of \*\* alcohol abuse  
the patient has had a prior history of \*\* scabies

Generate

Min Text

Space

Semicolon

Comma

Crunch

ROUTINE TESTS

The patient has had a prior history of cancer of the stomach, cancer of the brain, diabetes, congestive heart failure, gout, ingrown toenails, alcohol abuse and scabies.